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CONFIRMATION NO. 5268

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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

None Yes

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

None Yes

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 03/29/2002**

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance
Verified and Acknowledged	Examiner's Signature  Initials

STATE OR COUNTRY  
TXSHEETS  
DRAWING  
8TOTAL  
CLAIMS  
26INDEPENDENT  
CLAIMS  
4**ADDRESS**

Edmond A. DeFrank  
 20145 Via Medici  
 Northridge, CA 91326

**TITLE**

Multicasting system and method for providing personalized content

FILING FEE RECEIVED 932	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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